

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE

No. _____
Date _____

PETITION FOR VOLUNTARY INFORMAL EXECUTOR
(Pursuant to R.I.G.L. 33-24.2)

Name of Deceased: _____

Address of Deceased: _____
No. Street City/Town State Zip

Died: _____
Date of Death

The Undersigned, the _____ of the Deceased, does (do) on
(Named Executor or Relationship to Deceased)

Oath affirm, attest, and say that:

- 1. He/She/They is/are of full age and legal capacity. (An executor or alternate executor may reside outside the State of Rhode Island. All others must be a resident of Rhode Island.)
- 2. That more than thirty (30) days have passed since the death and that no Petition for Probate of the Will has been filed in the city or town in which the Deceased resided.
- 3. That as far as the affiant knows, the following persons would inherit under the provisions of Rhode Island General Laws 33-1-10 in case of intestacy:

Name	Relationship	No.	Street	City/Town	State	Zip
Name	Relationship	No.	Street	City/Town	State	Zip
Name	Relationship	No.	Street	City/Town	State	Zip
Name	Relationship	No.	Street	City/Town	State	Zip
Name	Relationship	No.	Street	City/Town	State	Zip

(if additional space is needed, attach a separate sheet)

- 4. That as far as the affiant knows, attached to this affidavit and made a part of it is a Schedule of all assets owned by the deceased as of his/her date of death, with the value as of date of death listed, and that said assets consist of Personal property only and do not exceed Fifteen Thousand (\$15,000.00) Dollars (exclusive of all tangible personal property).

5. That pursuant to the original Last Will and Codicils, if any, filed herewith, the following beneficiaries would take under its provisions:

Name	No.	Street	City/Town	State	Zip
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Name	No.	Street	City/Town	State	Zip
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Name	No.	Street	City/Town	State	Zip
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6. That the undersigned will act as Voluntary Executor(s)/Administrator(s) for the deceased and will administer the Estate according to law and apply the proceeds of the Estate in conformity with the provisions of this Section of the Rhode Island General Laws (including payment of the Funeral Bill).

In witness whereof I/we sign this petition on the _____ day of _____.

Day Month

Name of Affiant	Name of Affiant
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No. Street	No. Street
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City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number
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STATE OF RHODE ISLAND
S.C.

In _____ on this _____ day of _____

City/Town Day Month

there personally appeared _____

Name(s) of Affiant(s)

known to me to be the person(s) signing this affidavit and he/she/they acknowledged said affidavit, by him/her/them signed to be his/her/their free act and deed.

Notary public (please print name)

Notary public signature

Date

Approved/

Reviewed: _____

(circle one)

Probate Judge

Date

Certified: _____

Probate Clerk

Date

SCHEDULE OF PERSONAL PROPERTY TITLED SOLELY
IN DECEASED'S NAME

(not to exceed \$15,000.00 – no real estate, motor vehicles, or tangible personal property)

[illegible]